UNITED STATES BANKRUPTCY COURT

District of Nevada

In re Moore, Teresa Jean & Robert Garvin	Case No. 14-13791
Debtor	
	Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, state vo disputed or subject to setoff	Amount of claim [if secured also alue of security]
Santa Clara Valley Medical Center 751 S Bascom Ave San Jose, CA 95128	Rose Certeza 751 South Bascom Avenue San Jose, CA 95128 Tel: 408-885-5000	Hospital Services Bill	17860.24	<u>S</u> .
Encino Hospital Medical Center 16237 Ventura Blvd Encino, CA 91403	Finance Coordinator 5000 Van Nuys Blvd, Ste 325 Van Nuys, CA 91403 Tel: 800-404-6627	Hospital Services Bill	3790.01	
Quest Diagnostics PO Box 7306 Hollister, MO 65873	Quest Diagnostics PO Box 740988 Cincinnati, OH 45274 Tel: 855-324-2016	Labratory Services Bill	332.87	19 1 1 19 1 3
Pacific Emergency Medical Assoc PO Box 60039 Arcadia, CA 91066	Pacific Emergency Medical Asso PO Box 60039 Arcadia, CA 91066 Tel: 626-821-5748	c Emergency Services Bill	476.00	5 6 8

I, Teresa Jean Moore, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 06/11/2014

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In re	e <u>Moore,</u>	Teresa	<u>Jean</u>	&	Robert	Garvin	
		Deht	or				

Case No.	<u> 14-13791</u>			
	(]	f known)	

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Ala Wai Mansion, Apt PH-1 Honolulu, Hawaii 96815	Co-Owner	С	400000	Unknown/Disputed
The Windsor, Apt 4404 Honolulu, Hawaii 96815	Inheritance	С	700000	Unknown/Disputed
Komo Mai House Pearl City, Hawaii 96782	Co-Owner	С	300000	Unknown/Disputed
Laurel Canyon House Studio City, California 91604	Owner	С	700000	Unknown/Disputed
Ricardo Drive House Aromas, California 95004	Co-Owner	С	700000	Unknown/Disputed
Palma Drive House Salinas, California 93912	Co-Owner	С	200000	Unknown/Disputed
	Т-	tal 🕨	2,700,000.00	

(Report also on Summary of Schedules.)

B6E (Official Form 6E) (04/13)

In re Moore, Teresa Jean & Robert Garvin, Debtor

Case No.14-13791	
(if known)	

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all

	not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtor arily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
✓ Ch	heck this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES C	OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)
☐ Do	omestic Support Obligations
responsibl	is for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or le relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in § 507(a)(1).
Exten	sions of credit in an involuntary case
	arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the ent of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
☐ Wages	s, salaries, and commissions
independe cessation o	salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying ent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). ributions to employee benefit plans
Money o	owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the

cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (04/13) - Cont.

In re Moore, Teresa Jean & Robert Garvin ,	Case No.14-13791
Debtor	(if known)
Certain farmers and fishermen	
Claims of certain farmers and fishermen, up to \$6,150* per farmer	r or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
Deposits by individuals	
Claims of individuals up to \$2,775* for deposits for the purchase, were not delivered or provided. 11 U.S.C. § 507(a)(7).	lease, or rental of property or services for personal, family, or household use, that
Taxes and Certain Other Debts Owed to Governmental Unit	is and the state of the state o
Taxes, customs duties, and penalties owing to federal, state, and lo	ocal governmental units as set forth in 11 U.S.C. § 507(a)(8).
Commitments to Maintain the Capital of an Insured Deposit	ory Institution
	Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors to maintain the capital of an insured depository institution. 11 U.S.C. § 507
Claims for Death or Personal Injury While Debtor Was Into	xicated
Claims for death or personal injury resulting from the operation of drug, or another substance. 11 U.S.C. § 507(a)(10).	f a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a
* Amounts are subject to adjustment on 4/01/16, and every three yea adjustment.	vars thereafter with respect to cases commenced on or after the date of

____ continuation sheets attached

Case	No.	14-1	3791

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

							Type of Friority io	•	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No.									
Account No.									
				:				·	
Account No.									
Account No.									
Sheet no of continuation sheets attached Creditors Holding Priority Claims	ed to Scl	nedule of	(T	Sotals of	ubtota this pa	ls>	\$ 0.00	\$ 0.00	0.00
Total> (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)			al➤	0.00					
Totals) (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)						0.00	0.00		

	B 6F (Official Form 6F) (12/07) SE 14-13791-abl	Doc 17	Entered 06/16/14 14:07:19	Page 6 of 9
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In	re	Moore,	Teresa	Jean	& Robert	Garvin	
)ebtor		

Case No. 14-13791

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data...

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.									
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM		
ACCOUNT NO.			July 23, 2013						
Santa Clara Valley Medical Center, 751 South Bascom Avenue, San Jose, CA 95128		С	Emergency Hospital Admission				17860.24		
ACCOUNT NO. E00000053572			October 13, 2013						
Encino Hospital Medical Center, 16237 Ventura Blvd, Encino, CA 91403		С	Emergency Medical Service				3790.01		
ACCOUNT NO. 8752194343			July 23, 2013						
Quest Diagnostics PO Box 7306 Hollister, MO 65873		С	С	С	Emergency Hospital Admission				332.87
ACCOUNT NO. 53572	ACCOUNT NO. 53572		October 13, 2013						
Pacific Emergency Medical Assoc, PO Box 60039, Arcadia, CA 91066		С	C Emergency Medical Service			476.00			
Subtotal➤						\$ 22,459.12			
1continuation sheets attached					0				

In re Mo	ore, Tere	sa Jean	& Robert	t Garvin	
		Debt	or		

Case No. 14-13791	
	(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.				-			
						į į	
ACCOUNT NO.						<u> </u>	
ACCOUNT NO.							
ACCOUNT NO.							
							·
ACCOUNT NO.				<u> </u>			<u> </u>
Sheet no of continuation sheets attached Subtotal ➤ \$ o Schedule of Creditors Holding Unsecured Nonpriority Claims Subtotal ➤ \$ 0.00							\$ 0.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)					\$ 22,459.12		

In re Moore, Teresa Jean & Robert Garvin, Debtor

Case No. 14-13791	
	(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CREDITOR
US BANK, N.A., Trustee of Attn: Richard Davis, C.E.O. 800 Nicollet Mall, BC-MN-H210 Minneapolis, MN 55402-4302
CARRINGTON MORTGAGE SERVICES, LLC Attn: Bruce Rose, C.E.O. P.O. Box 54285 Irvine, CA 92619-4285
DEUTSCHE BANK NATIONAL TRUST COMPANY Attn: Darren Fulco, C.E.O. 1761 East Saint Andrew Place Santa Ana, CA 92705
PNC BANK, N.A. Attn: William S. Demchak, C.E.O. 1 PNC Plaza, 259 5th Avenue Pittsburgh, PA 15222
OCWEN FINANCIAL 2711 Cernterville Road, Suite 400 Wilmington, DE 19808

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA						
In re	Moore, Teresa Jean & Robert Garvin		CHAPTER: 11			
	·	Debtor(s).	CASE NO.: 14-13791			

DEBTOR'S CERTIFICATION OF EMPLOYMENT INCOME PURSUANT TO 11 U.S.C. § 521(a)(1)(B)(iv)

Pleas	e fill out the following blank(s) and check the	e box next to <u>on</u>	of the following statements:			
l,	Teresa Jean Moore (Print Name of Debtor)		, the debtor in this case, declare under penalty			
of per	jury under the laws of the United States of A	America that:				
	60-day period prior to the date of the filing	of my bankrupto	y advices and/or other proof of employment income for the y petition. Security number on pay stubs prior to filing them.)			
×	I was self-employed for the entire 60-day period prior to the date of the filing of my bankruptcy petition, and received no payment from any other employer.					
	I was unemployed for the entire 60-day pe	eriod prior to the	date of the filing of my bankruptcy petition.			
l,	Robert Garvin Moore (Print Name of Joint Debtor, if ar	<i></i> , t	he debtor in this case, declare under penalty of			
perjur	y under the laws of the United States of Am	erica that:				
	the 60-day period prior to the date of the fil	ling of my bankr	ay advices and/or other proof of employment income for uptcy petition. Security number on pay stubs prior to filing them.)			
	I was self-employed for the entire 60-day p no payment from any other employer.	period prior to the	e date of the filing of my bankruptcy petition, and received			
×	I was unemployed for the entire 60-day pe	riod prior to the	date of the filing of my bankruptcy petition.			
Date	06/11/2014	Signatu				
			Debtor			
Date	06/11/2014	Signatu	re John Debtor (if any)			